levised December 1974 STATE WATER RESOURCES CONTROL BOARD SFUND RECORDS CTR STATE DEPARTMENT OF HEALTH 999000252 HAULER OF WASTE (Must be filled by hauler) PRODUCER OF WASTE (Must be filled by producer) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Pick up Address: Phone: (213) 321-1392 State Liquid Waste Hauler's Registration No. (if applicable) Order Placed By. Job No.: ______ No. of Loads or Trips: _____ Unit No. Expe of Process which Produced Wastes: Examples: metal plating, equipment cleaning, oil drilling CODE NO. Vehicle: X vacuum truck (X) barrels, [] flatbed, [] other_ wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal-DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. [] Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITLE 12. Cannery waste 2. L. Alkaline solution 7. Chemical toilet wastes DISPOSER OF WASTE (Must be filled by dispo 13. D Latex waste 3. Pesticides 8. [] Tank bottom sediment 9. [] Oil 14 L Mud and water 4. | Paint sludge Name (print or type): 10. Drilling mud 5. L. Solvent Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO local restrictions. Components: (Examples: Hydrochloric acid, time, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): ______State fee (if any):_____ organics (list), cyanida) Handling Method(s): __ recovery Treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well Other (specify): If waste is held for disposal elsewhere specify final location: Disposal Date: Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. a corresive axplosive ☐ flammable SIGNATURE OF AUTHORIZED AGENT AND TITLE isarrais √[] (42 gal.) Other (SPECIFY) Bulk Volume: 11 The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons ☐ bags Physical State: Special Handling Instructions (if any): ____ The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauter (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct.

D.O.T. Proper Shipping Name

SIGNATURE OF AUTHORIZED AGENT AND TITLE

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